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| | | | |
|---|--|--|---|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | COMPLETE IF KNOWN | |
| Declaration Submitted OR Submitted after Initial with Initial Filing (surcharge Filing (37 CFR 1.16(e)) required) | | Attorney Docket Number First Named Inventor | 32355.12.8.2.1 Mark A. RYDELL |
| | | Application Number Filing Date Art Unit Examiner Name | 10/562,651 December 27, 2005 Unknown Unknown |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR TOE ARTHROPLASTY

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **06/25/2004** as United States Application Number or PCT InternationalApplication Number **PCT/US2004/020457** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes | Certified Copy Attached? No |
|-------------------------------------|---------|----------------------------------|--|--|--|
| PCT/US2004/020457 | WO | 06/25/2004 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/01 (08/03)

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DECLARATION – UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: Customer Number

022859

OR Correspondence address below

Name

FREDRIKSON & BYRON, P.A.

Address

200 South Sixth Street, Suite 4000

| | | |
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| City Minneapolis | State Minnesota | ZIP 55402 |
| Country USA | Telephone (612) 492-7000 | Fax (612) 492-7077 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

 A petition has been filed for this unsigned inventor

| | |
|--|-------------------------------------|
| Given Name (first and middle [if any]) Mark A. | Family Name or Surname RYDELL |
|--|-------------------------------------|

| | | |
|-------------------------|--------------------|------|
| Inventor's Signature | <i>Mark Rydell</i> | Date |
|-------------------------|--------------------|------|

1-17-06

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| Residence: City Golden Valley | State Minnesota | Country USA | Citizenship USA |
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NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor

| | |
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| Given Name (first and middle [if any]) Scott | Family Name or Surname McGARVEY |
|--|---------------------------------------|

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| Inventor's Signature | Date |
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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



FTO/SB/01 (08/03)
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DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

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Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Mark A.

Family Name
or Surname
RYDELL

Inventor's
Signature

Date

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NAME OF SECOND INVENTOR:

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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) FTO/SB/02A or 02LR attached hereto.

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PTO/SB/01 (04-05)

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DECLARATION – UTILITY OR DESIGN PATENT APPLICATION

| | | | |
|--|--------------------|---|--------------------|
| NAME OF THIRD INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given name (first and middle [if any]) Jeffrey C. | | Family Name or Surname FELT | |
| Inventor's Signature | | | Date 12/20/05 |
| Residence: City Greenwood | State Minnesota | Country USA | Citizenship USA |
| Mailing Address 4800 Lodge Lane | | | |
| City Greenwood | State Minnesota | ZIP 55331 | Country USA |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |
| NAME OF FOURTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Inventor's Signature | | | Date |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | ZIP | Country |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |



POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:

Practitioners associated with the Customer Number:

022859

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number |
|------|---------------------|
| | |
| | |
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| | |
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| | |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

The practitioners associated with customer number 022859 (Fredrikson & Byron, P.A.) are hereby granted authorization to sign the attached statement under 37 CFR §3.73(b) that evidences ownership by **Advanced Bio Surfaces, Inc.**

Assignee Name and Address:

Advanced Bio Surfaces, Inc.
5909 Baker Road
Suite 550
Minnetonka, MN 55345

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|-----------|--------------------------------------|-----------|----------------|
| Name | Jeffrey C. Felt | | |
| Signature | Jeffrey C. Felt | Date | 1/19/05 |
| Title | Chairman and Chief Technical Officer | Telephone | (952) 912-5400 |